



Monday *MONITOR*

March 12, 2007

Contact: Michelle Trupiano – 573.424.8717 (cell)

HB1055 – REPUBLICAN SPONSORED VERSION OF ALTERNATIVES TO ABORTION FILED

HB1055 is the Republican-sponsored version of the Alternatives to Abortion bill originally filed by Democrat Belinda Harris (D-110) back in January. This version, sponsored by Rep. Therese Sander (R-22), still expressly prohibits funds from being used for family planning services. Study after study has demonstrated that both maternal and child health outcomes improve with spacing of at least 18 months between births. Sadly, this program helps a woman facing an unintended pregnancy bring her pregnancy to term, but does nothing to help her prevent further unintended pregnancies.

HB412 – PHARMACY DENIAL – VOTE ‘DO PASS’ IN COMMITTEE

HB412 (Emery) was voted ‘Do Pass’ on Wednesday morning in the Special Committee on Small Business. Currently, the bill contains language defining emergency birth control as an abortifacient and would allow pharmacies to refuse to fill legal prescriptions. Pharmacists do not dispense medication abortion, and should not deny women contraception. Legal prescriptions for birth control should be dispensed without discrimination or delay.

BIASED COUNSELING/FETAL ANESTHESIA VOTED ‘DO PASS’ IN COMMITTEE

SB196 (Gross R-23) was voted ‘Do Pass’ in Senate Judiciary on Monday. This bill requires that the few women who present for a later term abortion be given medical information about fetal development that is unconfirmed within the medical community, *and* could require doctors to administer increased anesthesia – a procedure that could increase health risks to the woman, including the potential for respiratory arrest. Politicians should not codify medically and scientifically unsubstantiated information and potentially add risk to an otherwise safe medical procedure. A similar bill died in Congress.

SCS SB 370, 375 & 432 – OMNIBUS ABORTION BILL – HEADING TO SENATE VOTE

SCS 370 et al (Scott R-28), is currently 8th on the Senate Perfection Calendar. This bill – which does nothing to help prevent unintended pregnancies – seeks to ban information on contraception from public schools, remove local control from school districts regarding guest speakers and information, burden physicians who perform abortions with additional regulations not justified for health or safety reasons, and places in statute the Governor’s ‘Alternatives to Abortion’ program that expressly forbids family planning. This bill will close 2 of the 3 remaining abortion facilities in Missouri.

FIRST THINGS FIRST: MAKE HEALTHCARE A PRIORITY IN MISSOURI – SB 581 HEARING

SB581 (Shoemyer D-18) will be heard on Tuesday at noon in Senate Health and Mental Health Committee. This bill would prompt expansion of quality, affordable healthcare by prioritizing a restoration of Medicaid coverage and services to the hundreds of thousands of Missourians who were cut in 2005. It proposes a “Missouri solution” to the state healthcare crisis through meaningful public input and research on best practices to address the plight of 700,000 uninsured Missourians.

ABOUT 26% OF U.S. GIRLS, WOMEN AGES 14 TO 59 HAVE HPV, ABOUT 2% HAVE STRAINS 16 OR 18, STUDY SAYS – February 28, 2007 – Kaiser Family Foundation

Of U.S. women and girls ages 14 to 59, about 24.9 million women, or 26.8%, have the human papillomavirus, and about 2% of women and girls in the age group have HPV strains 16 or 18, which together cause about 70% of cervical cancer cases, according to a study published in the Feb. 28 issue of the *Journal of the American Medical Association*, the *Wall Street Journal* reports (Naik, *Wall Street Journal*, 2/28). For the study, Elieen Dunne, a [CDC](#) epidemiologist, and colleagues analyzed data from the 2003-2004 [National Health and Nutrition Examination Survey](#), which collected vaginal swabs and demographic information from 2,026 women ages 14 to 59. The study found that HPV prevalence is 44.8% among women ages 20 to 24, 27.4% of women ages 25 to 29, 24.5% among women and girls ages 14 to 19, and 19.6% among women ages 50 to 59 (Gellene, *Los Angeles Times*, 2/28).

The study also found that about 3.4% of participants, or 3.1 million women, had one of the four strains of HPV that [Merck's](#) HPV vaccine Gardasil protects against (*Wall Street Journal*, 2/28). Gardasil in clinical trials has been shown to be 100% effective in preventing infection with HPV strains 16 and 18. According to Merck, Gardasil is about 99% effective in preventing HPV strains 6 and 11, which together with strains 16 and 18 cause about 90% of genital wart cases. Gardasil also protects against vaginal and vulvar cancers, two other gynecological cancers that are linked to HPV, according to a study presented in June 2006 at a meeting of the [American Society of Clinical Oncology](#) in Atlanta. [FDA](#) in July 2006 [approved](#) Gardasil for sale and marketing to girls and women ages nine to 26, and CDC's [Advisory Committee on Immunization Practices](#) later that month voted unanimously to recommend that girls ages 11 and 12 receive the vaccine (*Kaiser Daily Women's Health Policy Report*, 2/22). According to the *Journal*, because about 90% of women infected with HPV are cleared of the virus within two years, the prevalence data in the study is limited because it does not include cleared HPV infections.

Reaction

Dunne said that the study findings do not indicate an increase in HPV prevalence, only that HPV prevalence is greater than previous estimates. Dunne said that "it's just a different measurement -- and a more accurate one" (Brown, *Washington Post*, 2/28). Richard Haupt, executive director of medical affairs in Merck's vaccine division, said that although prevalence of the HPV strains Gardasil protects against are relatively low, there still are "many women who will benefit from being protected" by Gardasil (*Wall Street Journal*, 2/28). Dunne said that the vaccine is vital and that the 3.4% prevalence for the four strains Gardasil protects against found in the study "is a snapshot." She added, "Over their lifetimes, a lot more than 3.4% of women may develop the strains that the vaccine protects against. They might have more exposure, new partners" (Tasker, *Miami Herald*, 2/28).

Gardasil Trials Halted Because of High Efficacy

In related news, two clinical trials of Gardasil were stopped earlier than planned due to the high efficacy of the vaccine, [Sanofi Pasteur](#), a joint company of Merck and [Sanofi-Aventis](#), announced on Tuesday, *Dow Jones* reports (Berton, *Dow Jones*, 2/27). The trials were halted after an independent Data and Safety Monitoring Board recommended the trials end on ethical grounds so that participants receiving a placebo could receive Gardasil, *Reuters* reports (*Reuters*, 2/27). Study centers in Europe have already begun vaccinating women who were receiving a placebo, and vaccination is expected to begin during the next few weeks in other countries (Berton, *Dow Jones*, 2/27).

The *JAMA* study is available [online](#).

To receive this update weekly via our Action Network, please [click here](#), or send an email to ppmoks@ppslr.org with your name in the subject line to sign up.

